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ABSTRACT

The need for training teachers in language abilities evaluation techniques that can be utilized in the practical classroom setting is stressed. The schema, described by Marion Monroe, which enables the teacher to chart each pupil's language pattern on one of five sequential levels in the areas of expressiveness, meaning, sentence structure, word meaning, and speech qualities is presented. Also, it is suggested that in "knowing the learner" the teacher must identify the stage of language development of the child, the emulative home models he might have, his motivation, the effectiveness of his sensory modalities, and other outside factors which affect his school performance. Five sequential steps in the reading process are listed. However, the distinction between the basic reading act and its application to situations requiring one's ability to think is made, and it is suggested that competent diagnosis would reveal that not further instruction in the process of reading but more pertinent learning experience in the development of concepts is needed. References are included. (CM)

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READING DIAGNOSIS -- THE ESSENTIAL INGREDIENT IN TEACHING EVERY CHILD TO READ

Sessions Reading Diagnosis

Thursday a.m.

The problem of attempting to add anything significantly new or meaningful to the extensive literature already existing in the area of reading diagnosis is more than challenging -- it is frustrating! The writer has worked in the area of reading instruction for her entire professional career and has been a conscientious reader of the professional literature that continues to pour forth in regular profusion. Very little of the material devoted to diagnosis seems either to dispute the findings

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of the first major researchers or to add to their dimensions. A good deal of it, frankly, strikes one as repetitive and concerned with going a very long way 'round to make some fairly obvious discoveries. Reports from the expert's diagnosis of a pupil's reading problem are too often confined to a list of the things he cannot do; e.g., "consistently omits word endings...confuses short e sound and short u...reads two years below grade level...etc." Too often the classroom teacher has already discovered these facts and greets the long-awaited diagnostic report with restrained enthusiasm. WHY she hasn't been doing something about her own findings is, of course, a whole other subject in itself, but one that does, the writer believes, touch at the very heart of our current educational problems. This personal conviction dictated this paper's title: READING DIAGNOSIS -- THE ESSENTIAL INGREDIENT IN TEACHING EVERY CHILD TO READ; it expresses a philosophy that teachers have accepted verbally but have not generally incorporated into classroom practice.

The author believes that we have erred to some extent and continue to do so by making reading diagnosis so much of a <u>specialist</u> function that it stands in very real danger of becoming divorced from the classroom teacher's concept of her responsibility and of what the total act of teaching reading must and does include. A specific example comes to mind that may help to illustrate this particular point. In her 1951 book <u>GROWING INTO READING</u>, Marion Monroe describes a language abilities evaluation technique that enables the teacher to chart each pupil's language pattern on one of five sequential levels in each of the following areas:

1. Expressiveness (fluency and quantity

2.	Meaning	(naming; description; inferential (interpretation; narrative inter- (pretation; evaluative interpretation
3.	Sentence Structure	(isolated words; simple sentence; (simple sentence with compound subject, (predicate, or object; compound sentence (with conjunction other than AND; (complex sentence containing one (dependent clause; complex sentence (containing more than one dependent (clause
4.	Word Meaning	(cannot point to or define a pictured (word upon request; can point to but (not define verbally; defines by giving (use; defines by description; defines (by giving the generic class
5.	Qualities of Speech	(voice tone; articulation; rhythm

Much professional interest has been directed in current years to the Illinois Test of Psycholinguistic Abilities (ITPA) and its value in reading diagnosis. In general, however, such testing has been considered the private domain of the psychologist, the speech therapist or the reading clinician. The great advantage of the Monroe diagnostic tool is that it is assumed that it can and will be used by the classroom teacher. Familiarity with this strategy sharpens the teacher's awareness of what is involved in her own teaching objectives as well as what the specific language strengths and weaknesses are of each member of her class. It will be noted by those familiar with both tests that many of the same language areas are explored. The major difference is in WHO is going to use the instrument. This writer feels that this is a difference that makes a difference insofar as teaching children to read is concerned.

It is an interesting fact that while diagnosis continues to move in the direction of the specialist, implementation of the diagnostic prescription

increasingly is held to be the job of the classroom teacher. While one might choose to regard this as perfectly analogous with the doctor prescribing and nurse or parent ladling out the medicine at the times and in the dosages indicated, there is a basic and highly significant contradiction. The teacher is an integral part of the process of teaching youngsters to read....the transmuting medium through which any prescription passes.

Most of the teaching of reading in our public schools is done by the classroom teacher. The lack of diagnostic teaching that prevails too often is due to the teachers not knowing how to diagnose or to feeling that it is someone else's function to do so. In the instance of the first condition it is possible for a trained observer to see an experienced first grade teacher miss the diagnostic implications in a child's reading behavior as follows: the pupil had been working for several sessions on word recognition in a remedial pre-primer. Each time the pupil was asked in the lesson being observed to point to the word "brother", she touched the illustration which pictured a young man. The teacher has previously stated that she could not understand why in the reading group the child, as she put it, "learned a word one day and completely forgot it the next." The teacher evidenced no awareness that the basic reading concept of connecting a sound with its corresponding alphabetic representation had not yet been learned. It was this concept not the word "brother" that had to become the instructional objective. The child was operating on another level, using a different set of visual symbols to cue her in to the meaning of the auditory sound. One can be frequently reminded in the classroom of Guy Bond's[1] insightful statement that, "Many serious disabilities are simply the result of minor confusions which have

been allowed to continue and pile up." Diagnosis at the teaching level is desperately needed if this situation is ever to be corrected. Diagnosis of Reading Difficulties has become over the years a course reserved for those who move into the specialized courses at graduate level. (In some cases these specialists have never been "tainted" with actual classroom teaching!) The need for the elementary classroom teacher to be a diagnostician of reading problems remains, however, as a pressing and relevant problem.

No one surely would contradict the rightness of another of Bond's statements in the same article to the effect that "the effectiveness of diagnostic teaching is based upon the extent to which the teacher knows each child in the classroom...each child's capacities, his physiological condition, his emotional and social adjustments, his interests, attitudes and drives... his general level of reading ability..." Tremendous as this task may seem -- and it is a very large order! -- there is equal need for the teacher to know thoroughly what is involved in the reading process and to be able to determine the sequential order in which skills must develop. The twin requirements for reading diagnosis by the teacher are to know the learner and the reading process. One is tempted to add a third -- what Goldhammer[2] has referred to as "an intelligent evaluation of his own teaching behavior."

In knowing the learner the teacher needs to analyze those factors which identify him in the learning situation:

1. At what stage of language development is the child? Is the child still having difficulty responding to vocal directions? Or is his difficulty localized in the vocal expression of his thoughts? Is his vocabulary very limited when compared with other children his age? Is his experiential background so limited that he hasn't

had the need to find and use words to express his responses and reactions?

2. What models does he have at home for emulation? Are his parents and older siblings very limited in their use of language to solve their personal problems and to provide recreation for themselves? Does the child identify with parents and older siblings whose life style is characterized by out-of-doors activities, who need motor activities to feel comfortable, who seek immediate gratification of their efforts rather than patiently await the accomplishment of long-term goals?
3. What motivates the child? Is he compulsive in his actions or is he a strategic thinker? What are his true interests? With whom and with what does he identify?
4. Are the child's sensory modalities functioning well? Does he have adequate auditory discrimination? Is his peripheral hearing good? Does he have accurate visual discrimination? Does he respond appropriately to a combination of sensory stimulation concurrently received?

In analyzing the sequential steps of the reading process the teacher needs to understand the following steps have a dependency relationship and a developmental structure:

Level 1. Awareness that speech sounds express thoughts and that thoughts can be expressed by speech sounds.

Level 2. Ability to manifest this awareness through appropriate action (anyone who can carry on a very simple conversation exhibits this awareness and ability).

Level 3. Awareness that written letter symbols can describe sounds and conversely that sounds can be represented by letter symbols. (Pronouncing or pointing to the correct letter of the alphabet out-of-sequence and on demand would be indicative of this ability.)

Level 4. Awareness that written letter symbols and letter combinations can elicit thoughts and the ability to respond to such written letter symbols. (Correctly responding to signs such as STOP, STAND, SIT, etc., is indicative of this ability.)

Level 5. Awareness that written letter and word symbol <u>combinations</u> have a relationship which **transcends** the sound and meaning of <u>individual</u> letter and word symbols which comprise the combination. (This ability is manifested when the child even once correctly shifts the sound and meaning of words and word combinations to accord with context.)

Levels #4 and #5 can be more simply described by saying that they refer to the child's ability to bring sound and meaning <u>to</u> word symbols and the ability to derive sound and meaning <u>from</u> word combinations. An example is the child's ability to read correctly (orally with proper intonation; silently with correct comprehension) the following:

<u>Lead</u> is a heavy metal. He was asked to <u>lead</u> the march.

The <u>bank</u> was built on the <u>bank</u> of the river.

Teachers need to make the distinction between the basic reading act and its application -- both of which are involved in the reading process -- when they develop instructional objectives for their teaching. The instructional objective has to be based, furthermore, upon accurate assessment of the individual pupil's needs. Is he still at Level #3 in terms of his need to develop the basic act of reading or unable to apply reading to other content

areas? The school curriculum demands that the pupil apply the reading act to situations that use the basic skill as an expression of one's ability to think in the various subject areas. Ability to think is directly affected by one's intellectual capacity and one's experiential environment.

Teachers who have this kind of diagnostic insight can better understand and provide for that which the child needs to perform either in the achieving of the basic skill or in its application. When providing for it is an impossible task, then teacher plans must include for compensation. The teacher may discover for instance that some of the factors which affect the quality of the pupil's ability to perform the basic reading act are not being afforded the attention they deserve, e.g.:

1. The child's development of the concept of self.
2. The child's need to communicate through the use of language.
3. The child's auditory vocabulary.
4. The child's experiential background.
5. The child's ability to cope with symbols.

Similarly the child who poorly applies the reading act in meeting the demands of specific subject teachers may need -- not further instruction in learning to read but more pertinent learning experiences in the development of mathematical concepts, scientific reasoning, more relevancy in terms of his interests and experiences in the areas of literature, history, economics. He may need programmed instruction, multi-sensory approaches, concrete manipulative materials or any one of many different instructional materials and methods suited to his individual learning style. It will take diagnosis of the continuing and knowledgeable kind to enable the teacher to know the when and what.

There seems to this writer no better way -- perhaps no other way -- of reaching the goal of the '70's...every child a reader...than through equipping teachers to do a diagnostically-oriented job of instruction. It is necessary to put diagnosis back <u>into</u> the classroom. Reaching the moon has already proved a more attainable objective proving once more that the universe within the mind of man is far more difficult to chart and navigate than the starry reaches of what's out there.

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2. Goldhammer, Robert. Clinical Supervision. New York: Holt, Rinehart and Winston, Inc., 1969.